

REQUEST TO CANCEL A BASIC BUSINESS LICENSE

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,	Name of Party Requesting Cancellation	Position/Title (i.e., President, Owner)	
	located at, Name of Business Premise Address		
	Name of Business	Premise Address	
requ	est the Department of Consumer and	Regulatory Affairs to cancel Basic Busines	ss License
Num	ber	for the following reason:	
	Indicate BBL Number		
	□ Business is no le	onger operating in Washington, DC;	
		rated by a new owner); or	
	□ Other (Describe	e):	
Business Licendated active license, prear of this req	se. If the license period of the Basic Busin cense with 'Cancel' written on the back, a lease indicate the circumstances under w	g this form, you confirm your authority to aff ness License has not completed, you are requ and to include it with this request to cancel. If which you lost possession of the license and an and license certificate to: Department of Co or, Washington, DC 20024.	ired to surrender the signed and you no longer have possession of approximate date of loss on the
Print Name o	of Requestor/License Owner:		
Signature of Requestor/License Owner:		Date Request	ted:
Address:			
Phone Numb	oer: ()		
Email Addres	ss:		
FEIN:	or SSN:	:	

I certify that the above statements on this application are true and complete to the best knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. I/We understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

♦ For Relay Service, call 711 ♦